



KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

P.O. Box 1360, Frankfort, KY 40602 (Regular Mail)
911 Leawood Dr, Frankfort, KY 40601 (Courier/Special Delivery)
Phone: (502) 782-8812 ~ Fax: (502) 696-3925 ~ <http://psy.ky.gov>

REQUEST FOR CHANGE OF SUPERVISOR AND/OR FREQUENCY

Supervisee Name	Phone	Email	License Number
Mailing Address: Street	City	State	Zip Code
Employer	Business Phone	Business Email	
Business Address: Street	City	State	Zip Code

Effective Date: _____

CHANGE IN SUPERVISOR

Former Supervisor Name: _____ License Number: _____

New Supervisor Name: _____ License Number: _____

Attach a new Supervisory Plans and Goals form with the new supervisor and a final Supervisor Report from the former supervisor.

CHANGE IN FREQUENCY, FORMAT, AND DURATION OF SUPERVISION

☐ **Two years post-licensure:** a minimum of two (2) one (1) hour individual face-to-face meetings every four (4) weeks, and the total amount of supervision is not less than four (4) hours per four (4) week period.

☐ **Four years post-licensure:** a minimum amount of one (1) hour of face-to-face supervision per month.

☐ Other frequency: _____

☐ Format: _____

☐ Duration: _____

CHANGE IN FREQUENCY OF REPORTING PERIOD

☐ **Four years post-licensure:** a reporting period of two (2) years.

Former Supervisor Signature Date

Supervisee Signature Date

New/Current Supervisor Signature Date

Reviewed by: _____ Date: _____ ☐ Approved ☐ Deferred ☐ Denied

Comments: _____